								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								09/891311					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1.0				R	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	BASIC FEE 355.00		OR	BASIC FEE	7.10.00	
TOTAL CHARGEABLE CLAIMS			/O minus 20=		· Ø		X	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		· Ø		×	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT				+135			OR	+270=		
. 11	the difference	in column 1 is	less than zero, enter "0" in column 2					TAL	200	OR	TOTAL		
CLAIMS AS AMENDED - PART II									ردد	JON.	OTHER	THAN	
É	3-2-05	(Column 1)	(Column 2)			(Column 3)	SMALL ENTI		ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	J	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus 20	••	O	= &	XS	9=		OR	X\$18=		
	Independent	• 4:	Minus 3	***	2	= \	X4	IO=		OR	X80=	200-	
L	PINST PHESE	NTÁTION OF MI	JLIIPLE DEP		CLAIM		+1:	35=		OR	+270=		
								OYAL		OR	YOYAL ADDIT, FEE	200,-	
8	(Column 1) (Column 2) (Column 3)							. FEE		• •	AUUII. FEE		
AMENDMENT B	<u>.</u>	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	• 1	9	- \	X\$	9=		OR	X\$18=		
AME	Independent	• 4 NTATION OF MIL	Minus	ENDENT	CLAIM		X4	0=		OR	X80=		
_	, aloi, ricoc	THE STATE OF THE	ETH CE DET	CHOLIN		لــــاكــــــ	+13	35=		OR	+270=		
								OTAL		OR	YOTAL ADDIT FEE		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		RIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	••		<u> </u>	XS	9=		OR	X\$18=		
ME	Independent	•	Minus	***		8	X4	0=		OR	X80=		
٢	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		-						
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOROR													